

September 28, 2012

Montana Health Care Programs Notice

Physicians, Mid-Level Practitioners, RHCs, FQHCs, Public Health Clinics, Licensed Psychologists, Licensed Clinical Social Workers, Licensed Professional Counselors, and Mental Health Centers

Concurrent Outpatient Mental Health Therapy Services Reimbursed by Children's Medicaid

Effective October 1, 2012, the Children's Mental Health Bureau (CMHB) is implementing changes to outpatient therapy service's medical necessity criteria for reimbursement.

1. Outpatient therapy in excess of 24 sessions in a state fiscal year will no longer require prior authorization through Magellan Medicaid Administration (MMA).

Youth may receive up to 24 outpatient sessions per state fiscal year (July 1–June 30) without meeting the following criteria. For the first 24 sessions, any DSM-IV-TR diagnosis is sufficient to support payment for this service.

If additional sessions in excess of 24 would benefit the youth and family, the licensed mental health professional must document the youth meets the clinical guidelines outlined below.

Medical Necessity Criteria for Providing Additional Outpatient Therapy Services in Excess of 24

All six (6) of these criteria must be met:

1. The youth meets criteria for Serious Emotional Disturbance (SED) per ARM 37.87.303 through a comprehensive mental health assessment that includes a multi-axial diagnosis on Axes I-V and identifies:
 - a. SED diagnosis and current Global Assessment Functioning (GAF);
 - b. Severity specifier of moderate or severe when applicable;
 - c. Specifies, for a period of at least six months, or for a predictable period over six months, the youth consistently and persistently demonstrates behavioral abnormality in two or more spheres (defined in ARM37.87.303), to a significant degree, well outside normative developmental expectations, that cannot be attributed to intellectual, sensory, or health factors;
 - d. If under the age of six, meet SED criteria outlined in ARM 37.87.303;
 - e. Summary of youth's current psychological symptoms and behaviors supporting evidence of SED diagnosis;
 - f. How symptoms and behaviors are being addressed via outpatient therapy services;
 - g. Current mental status;
 - h. Current medication if applicable;
 - i. Past and current substance abuse if any;
 - j. Past and current legal involvement if any;
 - k. Other services the youth is receiving.

2. Current symptoms do not meet criteria for a more intensive level of treatment.
3. A family-driven Individualized Treatment Plan (ITP) has been formulated on admission that identifies strengths-based achievable goals and measurable objectives that are directed toward the alleviation of the symptoms and/or causes that led to the treatment. The youth's response to treatment has been regularly solicited and documented, and revisions in the ITP are consistent with the youth's clinical needs.
4. The youth and family have demonstrated investment in the therapeutic alliance and have agreed to the goals/objectives of the ITP.
5. Progress toward treatment goals has occurred as evidenced by measurable reduction of symptoms and/or behaviors that indicate continued responsiveness to treatment.
6. A discharge plan has been formulated and regularly reviewed and revised. It identifies specific target dates for achieving specific goals, and defines criteria for conclusion of treatment.

The Department will monitor medical necessity through retrospective reviews.

All guidelines for outpatient services can be found in the Children's Mental Health Bureau's *Provider Manual and Clinical Guidelines for Utilization Management* manual at www.dphhs.mt.gov/publications/cmhbprovidermanualandclinicalmanagementguidelines.pdf

2. Outpatient Therapy Services Provided Concurrently with Comprehensive School and Community Treatment (CSCT)

CSCT is considered an all-inclusive mental health outpatient service intended to address needs of youth with SED; the department will not reimburse services that appear duplicative.

Medical Necessity Criteria for Providing Additional Outpatient Therapy Services When a Youth is Enrolled in CSCT

All criteria for in excess of 24 sessions must be documented in youth's case records (see above). In addition, a specific clinical need must be identified that cannot be addressed by the CSCT therapist. The youth must need a specific or specialized outpatient therapy service in addition to CSCT services (e.g., trauma therapy, grief therapy). Continuation of an existing therapeutic relationship with the previous outpatient therapist does not generally constitute a specific clinical need. Concurrent outpatient therapy must be coordinated with the CSCT treatment plan as indicated by a signature by both CSCT and the outpatient therapist on the youth's ITP.

Procedure to Initiate Outpatient Therapy Services When a Youth is Enrolled in CSCT

Providers should do the following:

1. Obtain a Release of Information (ROI) from the youth's legal representative for the youth's

- current school and CSCT provider.
2. Contact the youth's school to verify a youth's enrollment in CSCT.
3. Make reasonable efforts to coordinate services with the CSCT team and treatment plan. Document efforts.
4. Document at intake any other services being received as reported by the youth/family.
5. If the youth is not currently in CSCT services, request the legal representative notify the therapist if the youth enrolls in CSCT services.

3. Outpatient Therapy Services Provided Concurrent with Therapeutic Group Home

Effective July 1, 2012, prior authorization and continued stay authorization is required for this service.

Prior Authorization Request Procedure

To request prior authorization of outpatient therapy concurrent with TGH, the outpatient therapist must complete the *Prior Authorization Request Form* (outpatient concurrent with TGH). This form documents the medical need for the service.

Magellan Medicaid Administration
11013 W. Broad Street, Suite 500
Glen Allen, VA 23060
Telephone: 1-800-770-3084
Fax: 1-800-639-8982
<https://montana.fhsc.com/>

The *Prior Authorization Request Form* may be either faxed or mailed prior to the start of the service.

Outpatient therapy provided concurrent with TGH must meet the following medical necessity criteria and all criteria must be documented in youth's case records:

1. Youth must meet all medical necessity criteria for In excess of 24 sessions (see above).
2. A specific clinical need must be identified that cannot be addressed by the TGH clinician. The youth must need a specific or specialized outpatient therapy service in addition to TGH services (e.g., trauma therapy, grief therapy).
3. If the youth is transitioning in or out of the TGH from the community, outpatient therapy services may be provided as needed within 60 days of the admission or discharge date, not to exceed a total of 10 sessions.

When a youth is concurrently admitted to a TGH, the outpatient therapist should do the following:

1. Obtain a Release of Information (ROI) from the legal representative for the youth to the youth's TGH provider and other outpatient service provider(s);
2. Coordinate services with the TGH team, and document coordination efforts in both medical records.

The method for communication among providers must also be documented in the ITP.

Continued Stay Authorization

The youth must continue to meet all of the admission criteria. In addition, all the following criteria must be met:

1. Demonstrated progress toward identified treatment goals and the reasonable likelihood of continued progress;
2. The youth and family/legal representative are engaged in treatment and making progress toward treatment goals;
3. The youth's symptoms do not require a more intensive level of care but have demonstrated they are severe enough that a less intensive level of care would be insufficient to meet treatment needs;
4. Demonstrated and documented progress is being made on the comprehensive discharge plan. The Treatment Team provides a clinical rationale for any recommended changes in the discharge plan or anticipated discharge date.

Contact Information

If you have questions regarding this provider notice, contact Jamie Olsen Stolte, Program Officer, at (406) 444-7392 or jstolte@mt.gov.

For claims questions or additional information, contact Provider Relations at 1-800-624-3958 (toll-free, in/out of state) or (406) 442-1837 (Helena) or via e-mail at MTPRHelpdesk@xerox.com.

Visit the Provider Information website at <http://medicaidprovider.hhs.mt.gov>.